

## Patient forums

### Background

North Stockholm Psychiatry (NSP) is part of the Stockholm County healthcare system (SLSO), which is a county healthcare provider. We offer specialist psychiatric out- and inpatient care for Stockholm County residents age 18+ (service area: 350.000). Inpatient care contains of nine closed wards (139 beds), with both voluntary and involuntary detentions. Outpatient care contains of 13 local clinics. NSP employs approx. 920 people.

Since 2007, SLSO has User Involvement Coordinators<sup>1</sup> (UIC) employed at five of their ten specialist psychiatric healthcare providers. One of the larger tasks for the UIC is to arrange *Patient Forums* (PF) as a tool for quality improvement. PF started in 2008 at Psychiatry South Stockholm. PF is now a mandatory process for all psychiatric inpatient care providers in SLSO.

### Problem

We lacked thorough knowledge about the patients perspective on what was working and what wasn't at our inpatient wards.

### Assessment of problem and analysis of its causes

The previous sources for quality improvement was reports made by staff and patient polls, which wasn't satisfying. The power inequality made it difficult for some patients to speak up.

### Intervention

We wanted to create a situation where the patients would be able to talk, and see if this could be to any value for our quality improvement work.

The UICs created a mandatory structure for PF:

1. PF is a weekly meeting (30 min) lead by the UIC, where all patients are welcome to tell their perspective about the ward.
2. PF is not an intervention or treatment for the patient.
3. Head nurse attends and takes notes anonymously. No other staff attends.
4. Participants can't bring up
  - a. Things about the individual care situation
  - b. Names on staff or other patients
5. Head nurse is responsible to address things that concerns the local ward.
6. UIC makes reports and statistics, and look for patterns on organizational level.

### Strategy for change

- PF was well sanctioned with the board before starting up.

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<sup>1</sup> An employee with lived experience of psychiatric care set to develop and support structures around user involvement, on organizational level.

- PF started in small scale at a few wards.
- The staff got information before start (but we didn't wait for everyone's approval).

### Measurement of improvement

In SLSO, since the start in 2008:

- More than 20000 subjects brought up by patients
- More than 3500 forums
- More than 14000 participants
- Avg of 3-4 patients per forum
- There's no pattern concerning diagnoses of the patients related to their participation, subjects they bring up, etc.

The UIC categorize everything the patients bring up. An example from NSP, jan-jun 2017:

**Category: Treatment and care**

	<b>Total amount of collected patient viewpoints</b>	<b>% positive</b>	<b>% negative</b>	<b>% suggestions of improvement</b>	<b>% questions</b>
<b>Ward 1</b>	91	53%	20%	26%	1%
<b>Ward 2</b>	40	40%	40%	20%	0%
<b>Ward 3</b>	43	33%	23%	44%	0%
<b>Ward 4</b>	51	25%	29%	41%	4%
<b>Ward 5</b>	75	61%	13%	25%	0%
<b>Ward 6</b>	73	63%	14%	18%	5%
<b>Ward 7</b>	78	60%	13%	22%	5%
<b>Ward 8</b>	51	35%	18%	45%	2%
<b>Ward 9</b>	77	40%	21%	36%	3%

### Effects of changes

- PF results in quality improvements that comes directly from the patients perspective.
- PF offers a quick feedback to small changes.
- Staff gets more positive feedback than they thought they would.
- Our discussions are more about what is possible to do, rather than what the patient might want.

### Lessons learnt

1. You need strong support from the board. PF will display the things that malfunction, and this must be addressed from the top or PF will be shut down.
2. Person leading PF:
  - someone not working at the ward but in the organization,
  - has lived experience of psychiatric care...
  - ...and qualifications for the job
3. A common opinion among staff before having PF is that the patients at their specific ward are "to sick to have PF". This hasn't come true since the start in 2008.

### Messages for others

1. Have a UIC or similar employed.
2. The UIC recruitment is crucial: This is not a job for everyone.
3. PF has taught the organisation that patients are valid partners in the quality improvement work.